

2643
JUnder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

		Application Number	09/483,277
		Filing Date	January 13, 2000
		First Named Inventor	Ronald A. KATZ
		Art Unit	2643
		Examiner Name	S. Woo
Total Number of Pages in This Submission		Attorney Docket Number	6646-114N7

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input checked="" type="checkbox"/> CD, Number of CD(s) 2		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
Remarks			
Form PTO-1449 Supplemental XIV - XV (7 pgs); Information data sheet pursuant to 37 CFR 1.52(e)(3) for Disc 1 of 1 (3 pgs); Return postcard.			
RECEIVED			
JUL 07 2004			
Technology Center 2600			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Reena Kuyper, Registration No. 33,830
Signature	
Date	June 3, 2004

CERTIFICATE OF TRANSMISSION/MAILING

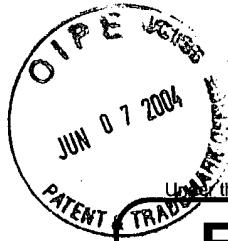
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Clarissa Lo
Signature	
Date	June 3, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

Complete if Known

RECEIVED

JUL 07 2004

Technology Center 2600

Application Number	09/483,277
Filing Date	January 13, 2000
First Named Inventor	RONALD A. KATZ
Examiner Name	S. Woo
Art Unit	2643
Attorney Docket No.	6646-114N7

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																															
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 50-1636 Deposit Account Name A2D, LP				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr><td>Fee Code (\$)</td><td>Fee Code (\$)</td></tr> <tr><td>1051 130</td><td>2051 65</td></tr> <tr><td>1052 50</td><td>2052 25</td></tr> <tr><td>1053 130</td><td>1053 130</td></tr> <tr><td>1812 2,520</td><td>1812 2,520</td></tr> <tr><td>1804 920*</td><td>1804 920*</td></tr> <tr><td>1805 1,840*</td><td>1805 1,840*</td></tr> <tr><td>1251 110</td><td>2251 55</td></tr> <tr><td>1252 420</td><td>2252 210</td></tr> <tr><td>1253 950</td><td>2253 475</td></tr> <tr><td>1254 1,480</td><td>2254 740</td></tr> <tr><td>1255 2,010</td><td>2255 1,005</td></tr> <tr><td>1401 330</td><td>2401 165</td></tr> <tr><td>1402 330</td><td>2402 165</td></tr> <tr><td>1403 290</td><td>2403 145</td></tr> <tr><td>1451 1,510</td><td>1451 1,510</td></tr> <tr><td>1452 110</td><td>2452 55</td></tr> <tr><td>1453 1,330</td><td>2453 665</td></tr> <tr><td>1501 1,330</td><td>2501 665</td></tr> <tr><td>1502 480</td><td>2502 240</td></tr> <tr><td>1503 640</td><td>2503 320</td></tr> <tr><td>1460 130</td><td>1460 130</td></tr> <tr><td>1807 50</td><td>1807 50</td></tr> <tr><td>1806 180</td><td>1806 180</td></tr> <tr><td>8021 40</td><td>8021 40</td></tr> <tr><td>1809 770</td><td>2809 385</td></tr> <tr><td>1810 770</td><td>2810 385</td></tr> <tr><td>1801 770</td><td>2801 385</td></tr> <tr><td>1802 900</td><td>1802 900</td></tr> </tbody> </table>				Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	1051 130	2051 65	1052 50	2052 25	1053 130	1053 130	1812 2,520	1812 2,520	1804 920*	1804 920*	1805 1,840*	1805 1,840*	1251 110	2251 55	1252 420	2252 210	1253 950	2253 475	1254 1,480	2254 740	1255 2,010	2255 1,005	1401 330	2401 165	1402 330	2402 165	1403 290	2403 145	1451 1,510	1451 1,510	1452 110	2452 55	1453 1,330	2453 665	1501 1,330	2501 665	1502 480	2502 240	1503 640	2503 320	1460 130	1460 130	1807 50	1807 50	1806 180	1806 180	8021 40	8021 40	1809 770	2809 385	1810 770	2810 385	1801 770	2801 385	1802 900	1802 900
Large Entity	Small Entity																																																																		
Fee Code (\$)	Fee Code (\$)																																																																		
1051 130	2051 65																																																																		
1052 50	2052 25																																																																		
1053 130	1053 130																																																																		
1812 2,520	1812 2,520																																																																		
1804 920*	1804 920*																																																																		
1805 1,840*	1805 1,840*																																																																		
1251 110	2251 55																																																																		
1252 420	2252 210																																																																		
1253 950	2253 475																																																																		
1254 1,480	2254 740																																																																		
1255 2,010	2255 1,005																																																																		
1401 330	2401 165																																																																		
1402 330	2402 165																																																																		
1403 290	2403 145																																																																		
1451 1,510	1451 1,510																																																																		
1452 110	2452 55																																																																		
1453 1,330	2453 665																																																																		
1501 1,330	2501 665																																																																		
1502 480	2502 240																																																																		
1503 640	2503 320																																																																		
1460 130	1460 130																																																																		
1807 50	1807 50																																																																		
1806 180	1806 180																																																																		
8021 40	8021 40																																																																		
1809 770	2809 385																																																																		
1810 770	2810 385																																																																		
1801 770	2801 385																																																																		
1802 900	1802 900																																																																		
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				Fee Description Fee Paid																																																															
FEE CALCULATION <table border="1"> <thead> <tr> <th colspan="2">1. BASIC FILING FEE</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr><td>1001 770</td><td>2001 385</td></tr> <tr><td>1002 340</td><td>2002 170</td></tr> <tr><td>1003 530</td><td>2003 265</td></tr> <tr><td>1004 770</td><td>2004 385</td></tr> <tr><td>1005 160</td><td>2005 80</td></tr> </tbody> </table>				1. BASIC FILING FEE		Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	1001 770	2001 385	1002 340	2002 170	1003 530	2003 265	1004 770	2004 385	1005 160	2005 80	Fee Description Fee Paid																																															
1. BASIC FILING FEE																																																																			
Large Entity	Small Entity																																																																		
Fee Code (\$)	Fee Code (\$)																																																																		
1001 770	2001 385																																																																		
1002 340	2002 170																																																																		
1003 530	2003 265																																																																		
1004 770	2004 385																																																																		
1005 160	2005 80																																																																		
SUBTOTAL (1) (\$)				SUBTOTAL (1) (\$)																																																															
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1"> <thead> <tr> <th colspan="2">Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>-20** =</td><td> </td></tr> <tr><td> </td><td> </td><td>-3** =</td><td> </td></tr> </tbody> </table>				Extra Claims		Fee from below	Fee Paid	Total Claims	Independent Claims					-20** =				-3** =		Fee Description Fee Paid																																															
Extra Claims		Fee from below	Fee Paid																																																																
Total Claims	Independent Claims																																																																		
		-20** =																																																																	
		-3** =																																																																	
SUBTOTAL (2) (\$)				SUBTOTAL (2) (\$)																																																															
**or number previously paid, if greater; For Reissues, see above				Other fee (specify) _____																																																															
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 180.00)																																																															

SUBMITTED BY			
Name (Print/Type)	Reena Kuyper	Registration No. (Attorney/Agent)	33,830
Signature		Date	June 3, 2004

(Complete if applicable)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY